

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
Transcriber's Office

June 2, 1997

LB 798

Gosh, I feel like there isn't a decent human being out there in the health care industry after the last half hour. And so I stand to say, unlike some of the comments I heard earlier, I don't believe that. I believe the people who serve on my board, in Aurora, are very caring people. They give of their time to manage the hospital's functions, and I believe that in their experience this was not about profit for them, this was about providing a better health opportunity for my county in rural Nebraska, in order to attract and maintain good physicians, a problem we all, those of us in rural Nebraska, share. As for the profit motive, let me bring us back to what this legislation is about. This legislation is about repealing a part of a process that deals with only 1.5 percent of the total health care cost. It is a process that retains certain aspects that we all agreed were problem areas--ambulatory surgical centers, where you could see evidence of chicanery for profit, and long-term care, where we knew we might have Medicaid impacts. Those two areas are not out right repealed. I agree we ought to be looking at the whole issue of nonprofits and how much money they are reserving. That certainly is an issue I think this body ought to address. And the other aspect of that argument has to do with insurance companies. Senator Lynch's comments, I think many of us are concerned about what insurance companies will cover or won't cover and who they are helping and who they will not, somewhat related to Senator Chambers' remarks as well. Gentlemen, I was listening, I know a number of people were not when you were talking. CON in its present form contained a lot of political brouhaha. Some applications were approved with no changes, some were approved with conditions that made no sense. And going through the long process to try to get an appeal cost those very people we were trying to save money more money. It delayed construction for my hospital a full year. It cost them an additional \$40,000 in legal fees, paperwork, clerical time, and all of this for a project a little over \$2 million that consolidated, yes I dare use that word this week, two physician clinics that were outdated, requiring duplicate staff, into one physician clinic attached to a hospital, sharing records, sharing emergency room, sharing offices for those visiting physicians who come from larger hospitals in my area once or twice a week to do what they need to do. That delay cost those individuals in my community who wanted this and believed it was the right thing to do a great deal of money, none of which came